

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>mm</i>	62814	3/2/00
O.I.P.E. CLASSIFIER		8	3/5/00
FORMALITY REVIEW		59158	5-8-2000
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
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Claim	Date
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45	45/47
46	46/48

Claim	Date
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If more than 150 claims or 10 actions  
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